

DO NOT STAPLE



New Hampshire Department of Revenue Administration

2021 BT-SUMMARY



BUSINESS TAX RETURN SUMMARY

STEP 1 - PRINT OR TYPE

For the CALENDAR year 2021 or other taxable period beginning: MMDDYYYY and ending: MMDDYYYY

Check box if there has been a name change since last filing. List former name.

Text input field for former name

Proprietor's Last Name

Text input field for Proprietor's Last Name

First Name

MI

Social Security Number

Text input fields for First Name, MI, and Social Security Number

If issued a DIN, use the DIN in the appropriate taxpayer identification box. DO NOT enter SSN or FEIN if you have a DIN

Corporate, Partnership, Estate, Trust, Non-Profit or LLC Name

Text input field for Corporate, Partnership, Estate, Trust, Non-Profit or LLC Name

Taxpayer Identification Number

Principal Business Activity Code (Federal)

Text input field for Taxpayer Identification Number

Text input field for Principal Business Activity Code

Number & Street Address

Text input field for Number & Street Address

Address (continued)

Unit Type

Unit #

Text input fields for Address (continued), Unit Type, and Unit #

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

Text input fields for City / Town, State, and Zip Code

STEP 2 - Return Type and Federal Information

If you checked "yes" to one or both of the first two questions, you must file the completed corresponding return(s) with this BT-Summary.

- Are you required to file a BET Return...?
Are you required to file a BPT Return...?
Do you file a Form 990/990T?
Do you file a Federal Form 8023, Federal Form 8883 and/or have checked box 10b...?
Is the business organization filing its return on an IRS approved 52/53 week tax year?

Form for Return Type and Federal Information with checkboxes for Corporation, Partnership, Proprietorship, Amended Return, Final Return, Combined Group, Non-Profit, Fiduciary, and LLC.

IRS Adjustment: A complete federal Report of Change form with all applicable Schedules must be included with a complete amended NH tax return.

Incomplete Report of Change forms will not be accepted. Do not use this form to report an IRS adjustments for taxable periods ending on or before December 31, 2020.

Check Appropriate Box(es):

- Payment Required, Refund Request, Credit Next Year's Tax Liability, No Payment Required



**BUSINESS TAX RETURN SUMMARY - Continued**

**STEP 3 - Complete the BET and / or BPT return(s) and then complete the BT-Summary and attach return(s)**

**STEP 4 - Calculate Your Balance Due or Overpayment**

Round to the nearest whole dollar

1 (a) Business Enterprise Tax Net of Statutory Credits	1(a)	<input type="text"/>	
(b) Business Profits Tax Net of Statutory Credits	1(b)	<input type="text"/>	
(c) Subtotal of Business Tax Due (Line 1(b) plus Line 1(a))	1(c)	<input type="text"/>	
<b>2 PAYMENTS</b>			
(a) Tax paid with application for extension	2(a)	<input type="text"/>	
(b) Total of taxable period's estimated tax payments	2(b)	<input type="text"/>	
(c) Credit carryover from prior tax period	2(c)	<input type="text"/>	
(d) Tax paid with original return (Amended returns only)	2(d)	<input type="text"/>	
(e) Total of Lines 2(a) through 2(d)	2(e)	<input type="text"/>	
3 TAX DUE: (Line 1(c) minus Line 2(e))	3	<input type="text"/>	
<b>4 ADDITIONS TO TAX</b>			
(a) Interest (See instructions)	4(a)	<input type="text"/>	
(b) Failure to Pay (See instructions)	4(b)	<input type="text"/>	
(c) Failure to File (See instructions)	4(c)	<input type="text"/>	
(d) Underpayment of Estimated Tax (See instructions)	4(d)	<input type="text"/>	
(e) Total of Lines 4(a) through 4(d)	4(e)	<input type="text"/>	
5 (a) Subtotal of Amount Due (Line 3 plus Line 4(e))	5(a)	<input type="text"/>	
(b) Return Payment Made Electronically	5(b)	<input type="text"/>	
(c) <b>BALANCE DUE:</b> Line 5(a) minus 5(b). Make your payment online at <a href="http://www.revenue.nh.gov/gtc">www.revenue.nh.gov/gtc</a> or make check payable to: <b>STATE OF NEW HAMPSHIRE</b>		<b>PAY THIS AMOUNT</b>	5(c)
6 <b>OVERPAYMENT:</b> If balance due is less than zero, enter on Line 6	6	<input type="text"/>	
7 Apply overpayment amount on Line 6 to:			
(a) Credit - Next Year's Tax Liability ( <b>Not available for Federal ROC</b> )	<b>DO NOT PAY</b>	7(a)	<input type="text"/>
(b) Refund ( <b>Only option available for Federal ROC</b> )	<b>DO NOT PAY</b>	7(b)	<input type="text"/>

**STEP 5**  
**THIS RETURN MUST BE ACCOMPANIED BY COMPLETE AND LEGIBLE COPIES OF THE APPROPRIATE FEDERAL FORMS AND SCHEDULES**



**BUSINESS TAX RETURN SUMMARY - Continued**

Under penalties of perjury, I declare that I have examined this BT-Summary and the attached returns, and to the best of my belief they are true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. If a combined group, I also certify that all affiliated companies are included in the appropriate group described in this return.

POA: By checking this box and signing below, you authorize us to discuss this return with the preparer listed below.

**TAXPAYER'S SIGNATURE & INFORMATION**

Signature (in ink)

MMDDYYYY

Print Signatory Name & Title

Email Address

Phone Number

Check this box if you are filing as a surviving spouse

**PAID PREPARER'S SIGNATURE & INFORMATION**

Signature of Preparer

MMDDYYYY

Printed Name of Preparer

Email Address

Phone Number

Preparer Identification Number

Preparer's Address

Address (continued)

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

Mail to:  
NH DRA  
PO Box 637  
Concord NH 03302-0637

Make Check Payable to:  
**STATE OF NEW HAMPSHIRE**  
Enclose but DO NOT staple or tape your  
attachments

**FILE ONLINE AT GRANITE TAX CONNECT**  
[www.revenue.nh.gov/gtc](http://www.revenue.nh.gov/gtc)